

AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:				
03/07/2024 Month Day Year	Collected 8:30	Ø AN □ PN		SNOHOMISH				
Type of Water System (check of	nly one box)							
☑ Group A Public ☐ Group B Public			Private Household Other:					
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
ID# 28300Y								
System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER								
	Call Dhone: 425 222 1025							
Day Phone: 360-793-11	Cell Phone: 425 238 1935							
Eve. Phone: 425 238 19	FAX:							
Send results to: (Print full name, address and zip code) City of Gold Bar								
RICHARD BAKER								
107 5th St								
Gold Bar, Wa, 98251								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER Specific location where sample collected:								
LOT 22 EVERGREEN WAY SS								
Project Name or Comments: TEMP= 9.9C								
Type of Sample (select only one type of sample from types 1 through 5 below)								
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)								
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.64 mg/l Free 0.58 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
\$	The Africa American College and the Adapta							
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)	/							
4. Surface or GWI Raw Water Sample (Enumeration)								
☐ E. coli ☐ Fecal	Filtered Yes_	_ No		S				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY DRINI	KING WATER	RESULTS	S	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			✓	Satisfactory				
☐ E. coli present	☐ E. coli abser	ıt						
☐ Replacement Sample Req			•					
Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC								
			☐ Turbid Culture					
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.				
Total Coliform < 1 /100 m	L	Fecal Co	oliform	/100 ml.				
Method Code: SM 9222B			Date	Received: 3/ 7/2024				
Date Analyzed: 3/ 7/2024, 14:		Date Reported: 3/8/24						
066-01461 Sample Number (DOH number plus five digits)			Lab Use Only:					



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	: ☑ AN	А	County:			
03/07/2024 Month Day Year	7:50			SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private H □ Other:						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):							
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-793-1101		Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1935		FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
SAMPLE INFORMATION							
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
40121 145TH PL SE SS Project Name or Comments: TEMP=2.8C							
Project Name or Comments: TEMP=2.8C Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes □ No Chlorine: Total 0.78 mg/l Free 0.69 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:						
S		Unsatisfactory routine collect date:					
☐ Triggered (A/P)			I I				
☐ Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: TotalFree					
4. Surface or GWI Raw Water Samp	ole (Enumeration)						
□ E. coli □ Fecal		_ No		S			
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	e □ Other					
LAB USE ONLY DRINI	KING WATER	RESULTS	3	LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and			₽	1 Satisfactory			
☐ E. coli present	☐ E. coli abser	nt					
□ Replacement Sample Required Sample not tested because Test unsuitable because:							
☐ Sample too old (>30 hours) ☐ TN' ☐ Improper Container ☐ Tur			NTC urbid Culture				
				· -			
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.			
Total Coliform < 1 /100 m	I.	Fecal Co	liform	/100 ml.			
Method Code: SM 9222B			Date	Received: 3/ 7/2024			
Date Analyzed: 3/ 7/2024, 14:		Date	Reported: 3/8/24				
066-01463 Sample Number (DOH number plus five of		Lab (Jse Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	☑ AN	Α	County:				
03/07/2024 Month Day Year	8:10	□ PM		SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public	louse	ehold						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-1101		Cell Phone: 425 238 1935						
Eve. Phone: 425 238 1935		FAX:						
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected:								
40721 MAY CREEK RD SS								
Project Name or Comments: TEMP=4.4C Type of Sample (select only one type of sample from types 1 through 5 below)								
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)								
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.90 mg/l Free 0.44 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
S		Unsatisfactory routine collect date:						
☐ Triggered (A/P)			/ /					
☐ Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal		_ No		S				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	e □ Other						
LAB USE ONLY DRINI	KING WATER	RESULTS	3	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			I⊵	3 Satisfactory				
☐ E. coli present	□ E. coli abser	nt						
□ Replacement Sample Required Sample not tested because Test unsuitable becau □ Sample too old (>30 hours) □ TNTC				because:				
☐ Improper Container		☐ Turbid Culture						
Bacterial Density Results:								
Plate Count / ml.	• 1	E.coli		00 ml.				
Total Coliform <1 /100 m	L	Fecal Col		50 0000000 0000000				
Method Code: SM 9222B	20			Received: 3/ 7/2024				
Date Analyzed: 3/ 7/2024, 14:	+	Date Reported: 3/8/24 Lab Use Only:						
Sample Number (DOH number plus five of		Lau	Ose Offiy.					

DOH Form #331-319 (revised 02/16)